

Qualitative Fit Test Record

Subject's Name _____ Location _____

Has the employee received respirator training? ☐ Yes ☐ No

Type of Respirator Fit Test Used: ☐ Irritant Fume ☐ IsoAmyl Acetate
☐ Bitrex ☐ Saccharin

Respirator Tested: ☐ Comfo Classic ☐ Advantage 200 ☐ Advantage 1000
☐ Comfo II ☐ Comfo Elite ☐ Ultra Elite
☐ Ultra-Twin ☐ Other

☐ Small ☐ Standard ☐ Large

Test Results:

1. Facial Characteristic Assessment. Respirators with tight-fitting face pieces may not provide a satisfactory seal with individuals having beards, large sideburns, or other conditions such as missing dentures, etc. that could interfere with the ability of the respirator to attain an adequate seal. Individuals with this condition should not be tested. Did any conditions described above exist?

☐ YES. Do not continue test. Automatic failure. ☐ NO. Continue with test.

2. Sensitivity Test

☐ Passed ☐ Failed

3. Fit Test	Small	Standard	Large
Passed	_____	_____	_____
Failed	_____	_____	_____

RESPIRATOR ASSIGNED: _____

Spectacle Kit Required? ☐ YES ☐ NO

Test Administrator's Signature	Test Date	Employee Signature	Date
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